DISCLOSURE SUMMARY PAGE	n fi	DR-2 DISCLOSURE (Rev. 02/96) REPORT
CAMP	7 Fo	r Office Use Only
COMMITTEE NAME (Must be same as on Statement of Organization) 12 AMILES COMMITTEE NAME (Must be same as on Statement of Organization) 12 AMILES	Co	mm. #
IMPORTANT: Indicate type of committee you are reporting for: 7	1 1	dited
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8.) Support Slate of Candidates	Co	mputer
Haula & Grithm 515-370-1134	 J	
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE		DATE SIGNED
Penalties Due For Late Filed Reports Range from	m \$10 to :	\$400
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTEN	CE:	
I AM FILING A REPORT FOR AN/A (1) E (report date)	LECTION /(; Indicate one	2)NON-ELECTION YEAR.
CHECK IF AMENDMENT TO REPORT DATED	Local Com	mittees, enter Date of Election
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a Notice of Dissolution is filed.)		ocal Committees, enter County in tion is held
STATEMENT OF CASH ON HAND		
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)	\$	957. lolo
ADD TOTAL MONEY TAKEN IN THIS PERIOD		1
Schedule A: Cash Contributions total (Attach Schedule A)		1,295.00
Schedule C: Fund-raising Events total (Attach Schedule C)		
Schedule F: Loans Received total (Attach Schedule F)	*******	
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		
(Schedule H applies to Candidates' Committees Only)		
SUB-TO	OTAL\$	925211.
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		101271.00
Schedule B: Expenditures total (Attach Schedule B)	***************************************	4409.82
Schedule F: Loan Repayments total (Attach Schedule F)		
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)		
	\$	4842.84
	\$	4842.84
UNPAID BILLS (From Schedule D - Attach Schedule D)		4842.84
	\$	
UNPAID BILLS (From Schedule D - Attach Schedule D) IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ \$	
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ \$	
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ \$	

FORM

FOR INSTRUCTIONS, SEE BACK OF FORM

For instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

CONTRIBUTIONS MONEY TAKEN IN	(Rev. 06/97)	RECEIPTS
(Including candidate's personal funds)	CHECK THIS BOX IF AMENDING FORM	
COMMITTEE NAME (Must be same as on Statement of Organization)		
·	<u> </u>	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	iD#			\$	
10-8-09	CK#	unitemized contributions		1,650	
	ID#	•			
6-30-09	CK#	13		1.000	
	ID#				
824-09	CK#	H H		3,950	
	ID#				
8-30-09	CK#	В . п		1,510	
	ID#				
8-30-09	CK#	11		50	~
	ID#				
8-30-09	CK#	11		135	<u> </u>
	ID#				
	CK#				
	ID#	γ		·	
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
			CUR TOTAL		

SUB-TOTAL TOTAL (if last page of this schedule)

SCHEDULE

MONETARY

RECEIPTS

Page of (for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES		
CHECK THIS BOX IF			

COMMITTEE		/8 do A fr -		C4-4	-40-	
COMMITTEE	NAME	(MUST DE	same as	on Siatement	oı Ur	garization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
3-5-09	CK# \ OO	John Meyer	Postage	\$16.80
3-19-09	CK# 1101	Greene Co. Little League	sponsorship	75.00
4-16-09	CK# 1102	Printers Box	Licket printing	27.66
5-17-09	コレジ	Becky Schroeder	catering	297.57
511-09	CK#	Jody Lang	decorating	13.27
5-17-09	לטןו	,	PellTower booth rental	50.06
6-8-09	ID# CK# 106	Greene County Fair	boothrental	25.06
6-11-09	ID# CK# 1107	•	Bell Tower Booth games, posters, prizes	86.00
			TOTAL (if last page of this schedule)	\$ 635.30

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page	 of .	
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FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME	(Must be same a	as on Statement o	of Organization)

,				
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID#			
630-09	CK# 108	BenFranklin		\$ 8.87
8-4-09	CK# 1109	Ben Franklin	Printer ink	80,27
85-09	CK# 1110	John Meyer	Printing eartrage	26.74
8-24-09	CK#	Bee's Herald	advertising	29.00
8-3019	CK# 1112	Jody Lang	decorations	158.32
8-3009	CK#1113	Jeb Ball	banquet catering	370.00
8-30-09	CK# 114	Donna Carhill	banquet catering	1,500.00
8-30-09	ск#1115	Greene County Fair Board	building rental	150.00
			TOTAL (if last page of this schedule)	\$ 2.323.20 \$
			· · · · · · · · · · · · · · · · · · ·	*

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

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Page	Δ	of	

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMIT	TEE N	IAME A	Must .	be same	as on	Statement	of Organiza	tion)

<u></u>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
	ID#			
\$30.09	CK#	Rose Olhausen	barquet serving sup	\$ 80.00
8300	CK#	RogerOhausen	BellTowerMisc	34.00
9-14-19	CK# 118	Bees Herald	advertising	63.60
9-14-09	CK# 1119	Fudges Ploral	banquet centerpiere	32.10
9-17-09	CK#1120	Circene County Community Center	room rental	200.00
10-10-09	ск# 1121	Ben Franklin	banquet supplies	41.62
10-24-09	ID# CK# 1122	Republican Pary, IA	banquet tickets	1.000
	ID# CK#	•		
· -			CUR TOTAL	C 151

SUB-TOTAL

\$ 1.451.32

TOTAL (if last page of this schedule)

\$4409.82

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page	3	of	3
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